

Nov. 24. 2014 3:52PM

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request for Reinstatement for Class C Charter
from Roger Mitchell dba Bel Aire Limousine
Service, LLC

RECEIVED

NOV 24 2014

TRANS DEPT

[0011(25/4)D]

No. 6250 P. 3

253563

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER:

2014-30ST

2005 - 44 - T

If this is your first time filing an application with the PSC, you will not
have a Docket Number. The Commission will assign one to you. If you
have filed with the Commission before, a Docket Number was assigned
and should be entered above.

(Please type or print)

Submitted by: Roger Mitchell

Telephone: 843-296-9387

Address: 508 Sparkleberry Lane

Fax:

Ladson SC 29456

Other:

Email: belairelimo@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers
as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must
be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of
Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input checked="" type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

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No. 6250 P. 2

CLASS C REINSTATEMENT FORM

File the original with:

Public Service Commission of South Carolina
Clerk's Office
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896 - 5100
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

DATE: 11/24/2014**RECEIVED**

NOV 24 2014

Please consider this an application for Reinstatement of my:

☐

Taxi Certificate Number _____

☒Charter Certificate Number 7535 - A☐

Charter Bus Certificate Number _____

☐

Non-Emergency Certificate Number _____

TRANS DEPT

My certificate was revoked/cancelled on 10/2014 because was in the hospital
(DATE)

I am seeking reinstatement because I was unaware due to being hospitalized.

Bel Aire Limousine Services, LLC
(Name of Company)

DBA _____

(If applicable)

508 Sparkleberry Lane
(Street Address)

(Mailing Address if different from Street Address)

Ladson SC 29456
(City, State, Zip Code)

(Signature)

843-296-9387
(Telephone Number)

President

(Title) Owner, President, etc.